SEEC FORM 30

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012



Electronic Filing

Do Not Mark in This Space For Official Use Only

Page 1 of 24

COVER PAGE

1.NAME OF COMMITTEE						2. TYI	PE OF COMMITTEE
Foxx For Senate						x	Candidate Committee Exploratory Committee
3. TREASURER NAME							
First Carol			MI R.	Last Censki			Suffix
4. TREASURER ADDRESS							
Street Address 16 Hoover Ln		City Enfiel	ld		State CT		Zip Code 06082
5. ELECTION DATE	6. OFFICE SOUGHT (Ca	omplete o	nly if Candidate	Committee)	•	7. DISTR	AICT NUMBER (if applicable
11/04/2014	State Senator					S007	
8. CANDIDATE NAME (Complete only if Complete only if Comp	Candidate or Exploratory C	ommittee	e)				
First John			MI C	Last Foxx			Suffix
9. TYPE OF REPORT							
October 10 Filing - Original							
10. PERIOD COVERED							
	Beginning Date			Ending Date			
	07/01/2014	thru	и	09/30/2014			
11. CERTIFICATION							
				l of the information set forthe period covered is true,	1		
Electronic Filing	Carol Censki			10/	10/2014 7	7:34:11PM	1
SIGNATURE	PRINT NAME OF THI	E SIGNE	ER	DAT	E CERTIFIED		
PENA	LITY FOR FALSE STATEM			E BY FINE NOT TO EXCEED \$ IAN ONE YEAR, OR BOTH.	1,000, OR IM	IPRISONME	ENT

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
Foxx For Senate	October 10 Filing - Original	
	COLUMN A	COLUMN B
	This Period	Aggregate
		88 -8
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$1,035.00	
14. Contributions received from Individuals (Section A and B)	\$5,597.00	\$6,632.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$5,597.00	\$6,632.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$6,632.00	\$6,632.00
20. Expenses Paid by Committee (Section N)	\$1,543.63	\$1,543.63
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$5,088.37	\$5,088.37
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$75.00	\$75.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$3,843.18	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$114,222.46	

							Page 3 01 24	
	I. MONETARY RECEIPT	S (Se	ection A-I)					
NAME OF COMMITTEE (Provide Complete N	ame as Registered with Commission)			TY	TYPE OF REPORT			
Foxx For Senate				Octobe	r 10 Filing - Original			
A. Total Contributions from Small Contributors-Received this Period ONLY					For Nonpartic \$3,357.00	ipating Cand	idates ONLY	
	B. Itemized Contributions from	n Ind	lividuals					
Last Name		First				MI	Contribution ID #	
Fiore			Lewis				0122	
Residential Street Address		City				State	Zip Code	
14 Cartier Rd			Enfield			СТ	06082-2506	
Principal Occupation			Name of Employe	r				
retired			retired					
Is contributor a principal of a state contractor or prospective state	contractor? Yes No)	Is contributor a lo dependent child of	-	Voc	Amou	ant of Contribution	
If yes, indicate which branch or branches of	Executive Legislative				x No			
government the contract is with: Is this contribution associated with a	Method of contribution:	Date	Received	Aggregate	Contributions			
fundraising event listed in Section J1?								
X No	Cash Personal Check Money Order X Credit/Debit Card	07/	11/2014		\$30.00	\$30.00		
If yes, list Event #	Money Order X Credit/Debit Card							
Last Name		First				MI	Contribution ID #	
Hornish			Neil				0149	
Residential Street Address		City				State	Zip Code	
53 Whitman Dr			Granby			СТ	06035-2712	
Principal Occupation			Name of Employe	r				
Mechanical Engineer				Technol				
Is contributor a principal of a state contractor or prospective state	contractor? Yes X No)	Is contributor a lo dependent child of	-	IXI Vac	Amou	int of Contribution	
If yes, indicate which branch or branches of government the contract is with:	Executive Legislative		dependent ennu of	a loobyist:	No No			
Is this contribution associated with a	Method of contribution:	Date	Received Aggregate Contributions					
fundraising event listed in Section J1?	Cash X Personal Check							
If yes, list Event #	Cash X Personal Check Money Order Credit/Debit Card	07/	18/2014		\$5.00		\$5.00	
Last Name		First				MI	Contribution ID #	
Doering			Joseph			М	0106	
Residential Street Address		City				State	Zip Code	
108 Peak Mountain Dr			East Granby			CT	06026-9592	
Principal Occupation			Name of Employe	r				
Computer Salvage and Repair			Owner					
Is contributor a principal of a state contractor or prospective state	contractor? Yes X No)	Is contributor a lo dependent child of		Vac	Amou	ant of Contribution	
If yes, indicate which branch or branches of government the contract is with:	Executive Legislative				x _{No}			
Is this contribution associated with a fundraising event listed in Section J1?	Method of contribution:	Date	Received	Aggregate	Contributions			
If yes, list Event #	Cash X Personal Check Money Order Credit/Debit Card	07/	18/2014		\$50.00		\$50.00	

Page 4 of 24

I, MONETARY RECEIPTS (Section A-I)								
	5 (5)	ection A-I)	I TYPE OF PERONT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Foxx For Senate October 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Sayers		Margaret			0235			
Residential Street Address	City			State	Zip Code			
81 Spring St		Windsor Lock	(S	СТ	06096-2228			
Principal Occupation		Name of Employ	er	•				
Information Requested		Inforr	nation Requested					
			obbyist spouse or	Amou	int of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
	Date	Received	Aggregate Contributions	1				
s this contribution associated with a fundraising event listed in Section J1?								
X No Cash X Personal Check	07/	18/2014	\$100.00		\$100.00			
If yes, list Event #	.,	,	7					
Last Name	First			MI	Contribution ID #			
Torres	1 1100	Mary			0262			
Residential Street Address	City	1-161 у		State	Zip Code			
	City	Albuquana		NM	87107-3370			
1634 Rancho Guadalupe Trl NW		Albuquerque		INIM	8/10/-33/0			
Principal Occupation		Name of Employ						
Attorney			and biehler					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent enna (· —					
government the contract is with: Executive Legislative				1				
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	07/	22/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Chavez		John			0078			
Residential Street Address	City			State	Zip Code			
1634 Rancho Guadalupe Trl NW		Albuquerque		NM	87107-3370			
Principal Occupation		Name of Employ	er	-				
Cfo		Alvara	ado realty					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	,	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a fundacing event listed in Section 112	Date	Received	Aggregate Contributions	1				
tundraising event insect in Section 31:								
X No Cash Personal Check	07/	22/2014	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Fiore		Lewis			0123			
Residential Street Address	City			State	Zip Code			
14 Cartier Rd		Enfield		СТ	06082-2506			
Principal Occupation		Name of Employ	er	, ~.	1			
retired		retire						
			obbyist spays or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	Amou	or contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Dot-	Pagaiyad		4				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
x No Cash x Personal Check		24/2014	±55.00		+25.00			
If yes, list Event # Money Order Credit/Debit Card	0//	24/2014	\$55.00		\$25.00			

Page 5 of 24

L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT		
Foxx For Senate					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Davis		Elizabeth			0097
Residential Street Address	City			State	Zip Code
201 N Maple St	<u> </u>	Enfield		СТ	06082-2307
Principal Occupation		Name of Employ			
Information Requested Is contributor a principal of a state contractor or prospective state contractor?			nation Requested obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Vac	7 tinot	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/2	29/2014	\$100.00		\$100.00
	I .			I	
Last Name	First	N. 1		MI	Contribution ID #
Cunningham Residential Street Address	City	Neal		State	0088 Zip Code
61 Pershing Rd	City	Windsor Lock	/c	CT	06096-2122
Principal Occupation	Ь	Name of Employ		<u> </u>	00030-2122
Systems Manager			Cut Ins		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No			obbyist, spouse, or	Amou	unt of Contribution
	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
iundraising event listed in Section J1?					
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	07/3	30/2014	\$25.00		\$25.00
				l	La . i . p. "
Last Name Hornish	First	Neil		MI	Contribution ID # 0150
Residential Street Address	City	INCII		State	Zip Code
53 Whitman Dr	City	Granby		CT	06035-2712
Principal Occupation		Name of Employ	er		
Mechanical Engineer		Unite	d Technologies		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	5	dependent child of	n a lobbyist:		
government the contract is with: Executive Legislative			No		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	07/	21 /201 4	* FF 00		#F0.00
If yes, list Event # Money Order Credit/Debit Card	0//.	31/2014	\$55.00		\$50.00
Last Name	First			MI	Contribution ID #
Hornish		Annie			0148
Residential Street Address	City			State	Zip Code
53 Whitman Dr		Granby		СТ	06035-2712
Principal Occupation		Name of Employ	er	-	•
Connecticut State Director		The H	luman Society of United State	es	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		acpendent ciniu (
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Dot-	Pagaiyad			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	07/	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order	I ***	. , =	¥200.00	I	, ,

Page 6 of 24

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Foxx For Senate			October 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Cunningham Project of Address	City	Neal		Ct-t-	0089			
Residential Street Address 61 Pershing Rd	City	Windsor Lock	(S	State CT	Zip Code 06096-2122			
Principal Occupation		Name of Employ		<u> </u>	00030-2122			
Systems Manager		Bes-C	Cut Ins					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent cinia c	x No					
government the contract is with: Is this contribution associated with a fundaming overnt listed in Section 112. X Yes Method of contribution:	Date	Received	Aggregate Contributions	•				
Tunidialising event listed in Section 31:								
If yes, list Event # 08112014a	08/	11/2014	\$75.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Doering		Joseph		М	0107			
Residential Street Address	City			State	Zip Code			
108 Peak Mountain Dr		East Granby		СТ	06026-9592			
Principal Occupation		Name of Employ	er					
Computer Salvage and Repair		Owne		1				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with a fundaming overnt listed in Section 112. X Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event instead in Section 31:								
If yes, list Event # 08112014a No Money Order Credit/Debit Card	08/	11/2014	\$100.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Reilly		Aileen			0224			
Residential Street Address	City			State	Zip Code			
328 Bridge Plz N Apt 5A		Fort Lee		NJ	07024-5014			
Principal Occupation		Name of Employ						
Human Resources Manager Is contributor a principal of a state contractor or prospective state contractor?			· Hostetler obbyist, spouse, or	Amou	unt of Contribution			
Yes 🔼 N	0	dependent child of		7 111100	an or commount			
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1? X No	l							
If yes, list Event # No Money Order Credit/Debit Card	08/	25/2014	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Russell		Roger		С	0230			
Residential Street Address	City			State	Zip Code			
40 Conlin Dr		Enfield		СТ	06082-5020			
Principal Occupation Electrical contractor		Name of Employ	ell Electric					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of	υ	dependent child of	or a roodyrst?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
No No Personal Check	00/	28/2014	\$95.00		\$95.00			
If yes, list Event # 08282014a	00/	20/2014	φ 3 3.00	I	ψ,5,00			

Page 7 of 24

L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT		
Foxx For Senate					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Shambo		Katherine			0240
Residential Street Address	City			State	Zip Code
3 Wilstar Cir	L	Enfield		СТ	06082-4607
Principal Occupation		Name of Employ			
Nurse Is contributor a principal of a state contractor or prospective state contractor?		Bayst	11 1	Amou	unt of Contribution
Yes X No	0	dependent child of	Voc	7111100	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a X Voc Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event instead in Section 31:					
If yes, list Event # 08282014a No Money Order Credit/Debit Card	08/2	28/2014	\$100.00		\$100.00
L AV	F: .				Louis B"
Last Name Fiore	First	Deborah		MI	Contribution ID # 0120
Residential Street Address	City	Deboran		State	Zip Code
14 Cartier Rd	,	Enfield		CT	06082-2506
Principal Occupation		Name of Employ	er		
Accounting Analyst		Hallm	ark Cards		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?		
government the contract is with:			x No		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
Cash Rersonal Check	00/	20/2014	#40.00		±40.00
If yes, list Event # 08282014a No Money Order Credit/Debit Card	08/.	28/2014	\$40.00		\$40.00
Last Name	First			MI	Contribution ID #
Mancuso		Jack			0191
Residential Street Address	City			State	Zip Code
5 Franklin St		Enfield		СТ	06082-3607
Principal Occupation		Name of Employ	er		
consultant		rgp			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x No		
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No	08/3	31/2014	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Fiore		Deborah			0121
Residential Street Address	City	F6:-14		State	Zip Code
14 Cartier Rd Principal Occupation	L	Enfield Name of Employ	or	СТ	06082-2506
Information Requested			mation Requested		
			-1.1	Amou	ant of Contribution
Yes X No	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/0	03/2014	\$80.00		\$40.00

Page 8 of 24

I. MONETARY RECEIPT	S (S	ection A-I)	1				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original							
Foxx For Senate October 10 Filing - Original							
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Malloy		Michael		-	0188		
Residential Street Address	City	F		State	Zip Code		
149 Spoonville Rd Principal Occupation		East Granby Name of Employ	or	СТ	06026-9614		
Information Requested			nation Requested				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?				
government the contract is with:	Б.	D : 1					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Cash Personal Check	09/	05/2014	\$80.00		\$80.00		
If yes, list Event#		,					
Last Name	First			MI	Contribution ID #		
Bonner		Lisa		Е	0055		
Residential Street Address	City			State	Zip Code		
37 Wainscot Ln	<u> </u>	Suffield		СТ	06078-3010		
Principal Occupation Change Leader		Name of Employ					
		Cigna Is contributor a l	abbreigt anguag or	Amou	ant of Contribution		
Yes X N	0	dependent child of	Vac				
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
Tundraising event listed in Section 31?							
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	09/	05/2014	\$100.00		\$100.00		
LadVana	First			MI	Contribution ID #		
Last Name Malloy	FIISt	Shazeeda		IVII	Contribution ID # 0190		
Residential Street Address	City	Shazeeda		State	Zip Code		
835 Mather St		Suffield		СТ	06078-2605		
Principal Occupation	•	Name of Employ	er				
M-Framing		Self e	mployed				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent cinia c	i a loooyist:				
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Dute	Received	riggiogue Controutions				
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	09/	05/2014	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Killeen		Mary Ellen			0161		
Residential Street Address	City			State	Zip Code		
33 Spring Garden Rd		Enfield		СТ	06082-3037		
Principal Occupation		Name of Employ	er				
Retired		Retire		1			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event # Cash X Personal Check No Money Order Credit/Debit Card	09/	08/2014	\$100.00		\$100.00		

Page 9 of 24

I. MONETARY RECEIPT	S (Se	ection A-D				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT						
Foxx For Senate						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Cardone		John		J	0069	
Residential Street Address	City			State	Zip Code	
46 Dogwood Ln	<u> </u>	Agawam		MA	01001-3643	
Principal Occupation		Name of Employ				
Information Requested Is contributor a principal of a state contractor or prospective state contractor?		Retire	11 1 ·	Amou	unt of Contribution	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amou	int of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
Tundraising event instead in Section 31:						
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	09/	08/2014	\$100.00		\$100.00	
					La . a . a . p. "	
Last Name Cardone	First	Culuia		MI	Contribution ID #	
Residential Street Address	City	Sylvia		State	Zip Code	
46 Dogwood Ln		Agawam		MA	01001-3643	
Principal Occupation		Name of Employ	er			
Information Requested		Inforr	nation Requested			
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?			
government the contract is with: Executive Legislative			x _{No}			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
Cash X Personal Check	00.4	00/2014	+400.00		+100.00	
If yes, list Event # Money Order Credit/Debit Card	09/	08/2014	\$100.00	\$100.00		
Last Name	First			MI	Contribution ID #	
Fagan		Kevin			0119	
Residential Street Address	City			State	Zip Code	
119 Inverness Ln		Longmeadow	1	MA	01106-2819	
Principal Occupation		Name of Employ	er			
Trucking Company Owner			mployed			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative			x No			
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?			1.99.18			
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	17/2014	\$100.00		\$100.00	
If yes, list Event #						
Last Name	First			MI	Contribution ID #	
Ford		David		М	0126	
Residential Street Address	City			State	Zip Code	
205 Reverknolls Principal Occupation	<u> </u>	Avon	on.	СТ	06001-2054	
Owner		Name of Employ	ory Assistance			
			.11	Amou	unt of Contribution	
Yes X N	0	dependent child of	of a lobbyist?			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
Talliand and special in Section 31:						
If yes, list Event # Cash Credit/Debit Card	09/	27/2014	\$100.00		\$100.00	

Page	10	of	24	
Page	10	01	24	

I. MONETARY RECEIPT	S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				FREPORT		
Foxx For Senate October 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
Virherman		Zhanna				0267
Residential Street Address	City				State	Zip Code
893 Farmington Ave	ļ.,	West Hartford	d		СТ	06119-1445
Principal Occupation		Name of Employe				
Asset Manager			aile Equities			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist?	Yes	Amo	ount of Contribution
If yes, indicate which branch or branches of Executive Legislative		**P***********************************		x _{No}		
government the contract is with: Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contribu			
fundraising event listed in Section J1?	Date	Received	Aggregate Contribe	itions		
X No Cash X Personal Check	ng/	27/2014	¢-	100.00		\$100.00
If yes, list Event #	03/.	27/2014	Ψ-	.00.00		Ψ100.00
Last Name	First				MI	Contribution ID #
Gerrantana		Frank			L	0137
Residential Street Address	City				State	Zip Code
632 Massachusetts Ave , Appt. #214		Cambridge			MA	02139-3327
Principal Occupation		Name of Employe	er	-		•
Attorney		Fish &	Richardson			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Yes	Amo	ount of Contribution
If yes, indicate which branch or branches of	Ü	dependent child o	f a lobbyist?			
government the contract is with: Executive Legislative				x No		
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contribu	itions		
fundraising event listed in Section J1? Cash Personal Check						
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	09/2	29/2014	\$1	100.00		\$100.00
1		Į.				
				Total of S	Section B	\$2,240.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section 2)	ions A	+ B) (Tot	al on Line 14 of Si	ımmary Page)		\$5,597.00
I. MONETARY RECEIPT	rs (s	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE	E OF REP	ORT
Foxx For Senate				October 10 F	iling - Origir	nal
TOTAL TO SOLUTION						
C1. Contributions from Other Co	mmi	ttees				
Name of Committee		Name of Treasure	er			
Address	is contri	bution associated w	ith a	Yes	No A	mount of Contribution
		g event listed in Sect				
		If yes, list Event #	ŧ			
State Zip Code	Date Re		Aggregate Contr	ibutions		
City						
			_	D . 1 . 2 ~ ·		
			7	Total of Secti	on C1	

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE						Т	YPE OF REPOR	Т
Foxx For Senate						October 10	Filing - Original	
	C2. Reimbursements, Pag	yments, or S	Surplus D	istributi	ions from other Co	ommittees		
Name of Committee					Name of Treasurer			
Address						Date Received		Amount of Receipt
City		State	Zip Code		Reimbursement for			
						To	tal of Section C2	
	I. MON	ETARY R	ECEIPT	ΓS (Sect	ion A-I)			
NAME OF COMMITTEE						TYPE (OF REPORT	
Foxx For Senate						October 10 F	iling - Original	
	D. Loa	ns Received	this Peri	od				
Name of Lender				Source of		Individua	l Other	Date of Receipt
Street Address			City	Dank	Candidate	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applica	ble)		1			<u> </u>		Amount Received
Street Address			City			State	Zip Code	
						1	Total of Section	D
	I. MON	ETARY R	ECEIPT	'S (Sect	ion A-I)			
NAME OF COMMITTEE TYPE OF REPORT								
Foxx For Senate						Octo	bber 10 Filing - Orig	inal
E. Personal l	Funds of the Candidate Ro	eceived this	Period (C	Candidat	e Committees ON	LY)		
Date of Receipt	Method of Payment Cash	Per	sonal Check		Credit/Debit Card			Amount
						Total of	Section E	

I. Monetary Receipts (Section A-I)										
NAME OF COMMITTEE				TYPE OF REPOR	Т					
Foxx For Senate			Octo	ober 10 Filing - Original						
G. Interest fro	om Deposits in Authorized Accounts									
Name of Institution		D	ate Receiv	ved	Amount					
Street Address		Zip Code								
		Total of Section G								
	Total of Section G									
I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE TYPE OF REPORT										
Foxx For Senate	tober 10 Filing - Original									
H. Public Grant Funds Received from the Citizens' Election Fund										
Purpose of Grant:	rant Cycle:			Date Received	Amount					
Initial Grant Adjustment	Primary General Election	Special Ele	ection							
Supplemental/Post Election Deficit										
				Total of Section H						
I. MC	ONETARY RECEIPTS (Section A-1	()								
NAME OF COMMITTEE				TYPE OF REPOR	Т					
Foxx For Senate			Octo	ober 10 Filing - Original						
I. Miscellaneous Monetary Receipts not Considered Contributions										
Name			Date	e of Transaction	Amount Received					
Street Address	City	Sta	te	Zip Code						
Description										
				Total of Section	I					

11	. FUNDRAISING EVENT A	CTIV	ITY (Sections J1 - J	[3)			
NAME OF COMMITTEE						TYPE OF R	EPORT	
Foxx For Senate						October 10 Filing - Orig	ginal	
	J1. Fundraising Event I	nforma	tion					
Fundraising Event # Date of Fundraiser 08/11/2014 Letter a	Description Meet and Greet Event							
Location: Street Address 55 Palasdio					City Windsor		State CT	Zip Code 06095
Was this fundraising event hosted at a personal resid	lence?	X	Yes No			tions not Considered Contri chases made by host(s) for t		nd
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items	x	Yes No	If yes, to to Section J3 complete required info		ions not Considered Contri	butions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	X	Yes No	(If yes, enter Total Red	ceipts here.)			\$0.00
Fundraising Event # Date of Fundraiser 08/28/2014 Letter a	Description Reception Event							
Location: Street Address 124 Town Farm Rd					City Enfield		State CT	Zip Code 06082
Was this fundraising event hosted at a personal resid	lence?	X	Yes No			tions not Considered Contri chases made by host(s) for		nd
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items	X	Yes No	If yes, to to Section J3 complete required info		ions not Considered Contri	butions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	x	Yes No	(If yes, enter Total Rec	ceipts here.)			\$0.00
Fundraising Event # Date of Fundraiser 09/05/2014 Letter a	Description Reception Event							
Location: Street Address 145 Main St					City		State CT	Zip Code 06071
Was this fundraising event hosted at a personal resid	lence?	X	Yes No			tions not Considered Contri chases made by host(s) for t		nd
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items	X	Yes No	If yes, to to Section J3 complete required info		ions not Considered Contri	butions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	X	Yes No	(If yes, enter Total Rec	ceipts here.)			\$0.00

							Pa	ge 14 of 24
						Total of Section J1		\$0.00
	II. FUNDRAISIN	NG EVI	ENT ACTIVITY (Se	ection	ns J1 - J3)			
NAME OF COMMITTEE (Provide	Complete Name as Regi	stered wi	th Commission)			TYPE OF REPO	ORT	
Foxx For Senate						October 10 Filing - Original		
	J3. In-Kind Donati	ons Not	Considered Contribut	tions				
Name of the Donor Jill Krawiec								
Street Address 124 Town Farm Rd			ı	City Enfi	eld		State CT	Zip Code 06082
Donation Given by: X Individual	Description of Donation Wine and Cheese							Iarket Value of Donation
Business Entity Sole Proprietorship	Date Received 08/28/2014	Event # 08282	¹ 014a		Aggregate va	llue for this event \$75.00		\$75.00
						Total of Section J3		\$75.00
	III. NONN	MONET	TARY RECEIPTS ((Secti	ions K - M)			
NAME OF COMMITTEE						TYPE OF REI	PORT	
Foxx For Senate						October 10 Filing - Original		
	К. І	n-Kind	Contributions					
Name								
Street Address					City		State	Zip Code
Is this contribution associated with a fundraising listed in Section II? If yes, list Event#	event Ye		Description of In-Kind Contri	ribution				
Is Contributor a lobbyist, spouse, or dependent cl	hild Yes	Is contri	butor a principal of a state contract	ctor or p	prospective state	Yes	Fair Ma	arket Value of this

contractor? indicate which branch or branches of

Date Received

government the contract is with:

Sole Proprietorship

No

Committee

Contribution

No

Legislative

Aggregate contributions

Total of Section K

Executive

of a lobbyist?

Type of Contributor:

Individual

Total of Section M

III. Non Monetary Receipts (Sections K - M)										
NAME OF COMMITTEE (Provide Complete Name as Registered v	vith Co	mmission)			TYPI	E OF REP	ORT			
Foxx For Senate	Foxx For Senate									
L. Refundable Deposit to		,								
Last Name of Individual	Individual First Name									
Residential Street Address	City			State	Zip Code		Amount of Deposit			
Name of Telephone company										
Street Address		State	Zip Code							
				-	Total of S	ection L				
III. NONMON	ETA	RY RECEIPTS (S	ections	K - M)						
NAME OF COMMITTEE						OF REPO				
Foxx For Senate					October 10 Fili	ng - Origina	1			
M. Non-Monetary Receipts of Organi Legislative Caucus, and Party Comm					eadership,					
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees	ONLY)		Name of T	Гreasurer						
Street Address		•		Date Notice	Received	Fair Market Value of Donation				
City	State	Zip Code		Aggregate I	Oonations					
Description of Donation	Purpose of	f Expenditure B	C I	D						

	IV. EXPENDITURES	(Sections N - S)				
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission	1)		TYPE	OF REPORT		
Foxx For Senate				October 10 Fili	ling - Original		
	N. Expenses Paid By Cor	nmittee					
Name of Payee USPO			Date of Pays 07/17/20			rment neck# <u>091</u> ebit Card	
Street Address 32 Palomba Dr		City Enfield	•		State CT	Zip Code 06082	
Purpose of Expend POST	Description 100 Stamps			Amount			
which reimbursement is sought?	is expenditure coordinated with another candidate for Yes Expenditure # (if applicable) s, assign an Expenditure # and complete Itemization in Addendum						
Name of Payee NPG VAN	ment 014	Method of Payment X Check # 092 Debit Card					
Street Address 1101 15th St NW Ste 500		City Washington			State DC	Zin Code 22102	
Purpose of Expend POLLS	Description Voter Information					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No	Expenditure # if applicable)	Event #	Ė		\$450.00	
Name of Payee The Vinci Group			Date of Pays 07/21/20			rment neck # <u>093</u> ebit Card	
Street Address 54 Robert Rd		City Manchester			State CT	Zip Code 06040-5147	
Purpose of Expend CNSLT	Description Design of campaign logo				Amount		
Is this expenditure coordinated with a which reimbursement is sought?	s this expenditure coordinated with another candidate for Yes Expenditure # Event						

	IV. EXPENDITURES (Sections N - S)				
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		TYI	PE OF REPORT		
Foxx For Senate			October 10) Filing - Original		
	N. Expenses Paid By Com	nittee				
Name of Payee Staples			Date of Payment 07/25/2014	Method of Payment X Check # 094 Debit Card		
Street Address 14 Hazard Ave		City Enfield		State Zip Code CT 06082		
Purpose of Expend OFFICE	Description Name Tag, Sharpies			Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	Event#	\$15.40				
Name of Payee Sage Payment Solitions	Method of Payment Check # X Debit Card					
Street Address 1750 Old Meadow Rd # 300		City McLean		State Zip Code VA 22102		
Purpose of Expend BNK	Description Credit Card Donations Fee			Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if a	enditure # pplicable)	Event#	\$28.67		
Name of Payee Webster Bank N.A.	Date of Payment 08/13/2014	Method of Payment Check # X Debit Card				
Street Address PO Box 191		City Waterbury		State Zip Code CT 06720-0191		
Purpose of Expend BNK	Description Credit Card Donations Fee			Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	Event #	\$26.15				

	IV. EXPENDITURES (S	ections N - S)	<u> </u>					
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			ГҮРЕ OF REPORT				
Foxx For Senate			Octobe	er 10 Filing - Original				
	N. Expenses Paid By Comm	ittee						
Name of Payee Webster Bank N.A.			Date of Payment 08/15/2014	Method of Payment Check # X Debit Card				
Street Address PO Box 191		City Waterbury		State Zip Code CT 06720				
Purpose of Expend BNK	Description Monthly Checking Account Fee			Amount				
which reimbursement is sought?	Event #							
Name of Payee Staples	Method of Payment X Check # 101 Debit Card							
Street Address 14 Hazard Ave		City Enfield		State Zip Code CT 06082				
Purpose of Expend PRNT	Description 200 Business Cards			Amount				
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	x No (if ap	nditure # plicable)	Event #	\$36.36				
Name of Payee Budget Printer's	·							
Street Address 1718 Park St		City Hartford		State Zip Code CT 06106				
Purpose of Expend PRNT	Description Contribution Flyers			Amount				
Is this expenditure coordinated with a which reimbursement is sought?	s this expenditure coordinated with another candidate for Yes Expenditure # Event #							

	IV. EXPENDIT	URES (Se	ections N - S)					
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Con	mmission)			TYPE	OF REPORT		
Foxx For Senate					October 10 Fili	ling - Original		
	N. Expenses Paid	By Commi	ittee					
Name of Payee Webster Bank N.A.				Date of Pays 08/29/20			ment leck # bit Card	
Street Address 32 Palomba Dr			City Enfield			State CT	Zip Code 06082	
Purpose of Expend BNK	Description CMonthly Service Charge				Amount			
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	x _{No}	Event #	‡		\$11.95			
Name of Payee Date of Payment Sage Payment Solitions 09/02/2014							ment seck # sbit Card	
Street Address 1750 Old Meadow Rd # 300			City McLean			State VA	Zip Code 22102	
Purpose of Expend BNK	Description Credit Card Donations Fee						Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	x _{No}		diture # licable)	Event #	ŧ		\$17.42	
Name of Payee Budget Printer's		Date of Pays 09/12/20			ment eck # <u>107</u> bit Card			
Street Address 1718 Park St			City Hartford			State CT	Zip Code 06106	
Purpose of Expend PRNT	Description Contribution Flyers				Amount			
Is this expenditure coordinated with a which reimbursement is sought?	nother candidate for Yes X No	Event #	±		\$29.78			

	IV. EXPENDITURE	ES (Se	ctions N - S)					
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commiss	sion)			TYPE	OF REPOR	Γ	
Foxx For Senate					October 10 Fili	ling - Original		
	N. Expenses Paid By C	Commit	ttee					
Name of Payee NPG VAN				Date of Pays 09/12/20			ayment Check # <u>108</u> Debit Card	
Street Address 1101 15th St NW Ste 500			City Washington			State DC	Zip Code 20005	
Purpose of Expend POLLS	Description Voter Information						Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	x No	Expend (if appli		Event #	¥		\$450.00	
Name of Payee Staples				Date of Pay: 09/12/20			ayment Check# <u>105</u> Debit Card	
Street Address 14 Hazard Ave			City Enfield			State CT	Zip Code 06082	
Purpose of Expend PRNT	Description 500 Business cards						Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	x _{No}	Expend (if appli		Event #	‡		\$57.42	
Name of Payee USPO				Date of Pays 09/25/20			ayment Check # <u>095</u> Debit Card	
Street Address 32 Palomba Dr			City Enfield			State CT	Zip Code 06082	
Purpose of Expend POST	Description 100 \$0.49 Stamps						Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	x _{No}	Expend (if appli		Event #	#		\$49.00	
					Total of	f Section N	\$1,543.63	

Total of Section P

	IV.	EXPENDI	TURES (Section	ons	N - S)								
NAME OF COMMITTEE	(Provide Complete Name as Re	egistered with (Commission)						ТҮРІ	E OF	REPORT		
									October 10 Fili	ng - C	Original		
	O. Expe	nses Paid By	Candidate										
Name of Payee (Name of vendor wh	no candidate paid directly)						Date of Pay	men	ıt	Is Rei	imbursement Yes	Claimed?	No
Street Address		City			St	tate	Zip C	Code			A	mount	
Purpose of Expenditure (by code)	escription					1	Event #						
									Total	of Sec	ction O		
											•		
	IV. EXP	ENDITURE	ES (Sections N -	- S)								
NAME OF COMMITTEE	(Provide Complete Name as R	egistered with	Commission)						TYPE	OF R	REPORT		
Foxx For Senate								0	ctober 10 Filing	- Ori	iginal		
	P. Expense	s Incurred on	n Committee Cre	edit	Card								
Name of Issuing Institution					Type of Cre Visa Othe	ı	ard: Mast	er C	ard Di	iscove	er	American Exp	oress
Name of Vendor											Date of Tra	nsaction	
Street Address				Cit	y						State	Zip Co	ode
Purpose of Expenditure (by code)	Description											Amount	
Is this expenditure coordinated which reimbursement is sought If yes, assign an Expenditure #		ndum	Yes No		Expenditure # if applicable)		Ev	ent ‡	#				

	IV. EXPENDITURES (Sec	tions]	N - S)				
NAME OF COMMITTE	F REPORT						
Foxx For Senate	Original						
Name of Creditor CAROL CENSKI						Date Incurre	
Street Address	State	Zip Code					
16 Hoover Ln	СТ	06082					
Purpose of Expenditure (by code)	Amount Incurred (Estimate or Actual)						
POST	100 Stamps						
Is this expenditure coordinated reimbursement is sought?	with another candidate for which Yes X No		Expenditure # (if applicable)	Event #			
If yes, assign an Expenditure # a	and completes Itemization in Addendum Q						\$49.00
Name of Creditor Total Graphic Solutions						Date Incurre	
Street Address		City				State	Zip Code
117A W Main St		Plain	ville			СТ	06062
Purpose of Expenditure (by code)	Description Mailing						ant Incurred
POST							
Is this expenditure coordinated verimbursement is sought?							
If yes, assign an Expenditure # a	and completes Itemization in Addendum Q						\$2,121.68

	IV. EXPENDITURES (Sections N - S)											
NAME OF COMMITTE	EE (Provide C	omplete Na	me as Register	ed with Comm	nission)					ТҮРЕ (OF REPOR	Γ
Foxx For Senate									Octo	bber 10 Filing	- Original	
	Q. E	xpenses Ir	ncurred By C	Committee b	ut Not Pai	d Dur	ing this Pe	eriod				
Name of Creditor Sign-A-Rama											Date Incur	rred /2014
Street Address					City						State	Zip Code
3 Peerless Way Unit V					Enfie	eld					СТ	06082
Purpose of Expenditure (by code)	Description										1	nount Incurred mate or Actual)
A-SIGN	Lawn Signs											,
Is this expenditure coordinated reimbursement is sought?	with another candi	idate for which		Yes X No			enditure # oplicable)		Event #			
If yes, assign an Expenditure #	and completes Iter	mization in Add	endum Q									\$1,672.50
Total of Section Q \$3,843.18											\$3,843.18	
		1	V. EXPEN	DITURES	(Sections	s N - S	S)					
NAME OF COMMITTE	EE (Provide 0	Complete Na	ame as Registe	red with Comr	nission)					PE OF REF		
Foxx For Senate									October 10	Filing - Origina	al	
	R.]	Itemizatio	n of Reimbu	rsements to	Committee	e Wor	kers and (Consu	ltants			
Last Name of Worker/Consulta	nt		First				MI	Dat	te of Payment		Method o	of Payment
											CI	heck #
Secondary Payee								<u> </u>			<u> </u>	Debit Card
					1							
Street Address					City						State	Zip Code
Purpose of Expenditure (by code)		Description	n									Amount
Is this expenditure coordinated which reimbursement is sought		idate for		Yes		Expendit (if applic			Event #		•	
If yes, assign an Expenditure	e # and completes	Itemization in A	Addendum R	110								
									Total of Se	ection R		

IV. EXPENDITURES (Sectuibs N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Foxx For Senate		October	October 10 Filing - Original		
S. Surplus Distribution of Equipment and Furniture					
Name of Recipient					
Street Address	City	State	Zip Code	Original Purchase Amount of Item	
Description of Item					
Total of Section S					